



Recovery Support Services Documentation Manual

Missouri Department of Mental Health

Division of Alcohol and Drug Abuse



Recovery Support Services

Documentation Manual

Table of Contents	
Page #	Page Title
1	Cover
2	Table of contents
3	Documentation Guidelines
4-10	Blank Sample Forms
4	Individual Service Note
5-6	Group Service Note
7-8	Drop In Center Log
9	Transportation Log
10	Housing Log
11-21	Documentation Examples
11	Care Coordination - Individual
12	Family Engagement – Individual
13	Recovery Coaching – Individual
14	Re-entry Coordination – Individual
15	Spiritual Counseling – Individual
16	Work Preparation – Individual
17	Family Engagement – Group
18	Spiritual Counseling – Group
19	Work Preparation – Group
20	Drop-in Center
21	Transportation Log
22	Housing



ATR III Recovery Support Services Documentation Guidelines

Access to Recovery is a voucher funded addiction treatment and recovery support program. To participate in ATR III, recovery support organizations must first be credentialed and contracted by the Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA). Recovery support services are authorized by the creation of a recovery support voucher. RS vouchers may be created by eligible DMH contracted clinical treatment programs or Recovery Support Access Sites. RS vouchers authorize a specific amount of funding for a specific service at a specific recovery support provider organization. The authorized RS service is then provided to the specific client. The service is then documented in program records for later review and/or audit by DMH personnel.

The required documentation falls into two categories: 1) individual service notes or 2) group service logs. Individual service notes are maintained in a separate client record. Each client served will have a separate client record or file which contains documentation of individual client services. Group logs are maintained in files chronologically, by type of group.

Individual service notes and group logs must contain:

1. name of client
2. signature of client
3. client's DMH ID number
4. type of service
5. date of service
6. start and end time of service
7. summary of the service provided
8. signature of staff person providing the service

Housing documentation must also contain:

1. signature and times staff provided housing supervision
2. physical address where service was provided

The mileage transportation log must also contain:

1. number of miles transported
2. purpose of transportation, to/from
3. signature of driver providing the service

Care Coordination, Recovery Coordination, Re-entry Coordination, and Recovery Coaching do not require client signature unless the client was present for the service.

For complete service descriptions and limitations, consult the Recovery Support Services, Descriptions and Prices document and your DMH recovery support contract.



ATR III INDIVIDUAL SERVICE NOTE

[illegible]



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ATR III GROUP LOG

Group Title/Topic		
Date of Service	Approved Services	Qualified Services
Start Time	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
End Time	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
# Units of Service	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Group Leader/Staff Signature		
Group Summary		
DMH ID #	Client Name (<i>Print</i>)	Client Signature



ATR III GROUP LOG (<i>continuation page 2</i>)

[illegible]



ATR III DROP IN CENTER LOG

Date of Service			
Drop In Center Open Time		Drop In Center Close Time	
Group Leader/Staff Signature			
Group Leader/Staff Signature			
Drop In Center Activities Summary			
DMH ID #	Client Name (<i>Print</i>)	Client Signature	Time Present



ATR III DROP IN CENTER LOG (<i>continuation page 2</i>)
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[illegible]



Driver Name/Signature:

9



ATR III HOUSING LOG

House Address:

Date of Service:

Check Type of Service:

□ Peer Housing

☐ Supervised Housing

Staff Member Name/Signature

House Supervision Time

DMH ID #

Client Name (print)

Client Signature



ATR III INDIVIDUAL SERVICE NOTE

Client Name (Print) John Doe	Check Type of Service (check one only)	
DMH ID# 1234567	Approved Services	Qualified Services
Date of Service 1-30-2011	<input checked="" type="checkbox"/> Care Coordination	<input type="checkbox"/> Family Engagement
Start Time 11:00 a.m.	<input type="checkbox"/> Re-Entry Coordination	<input type="checkbox"/> Recovery Coaching
End Time 11:15 a.m.	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling
# Units of Service 1	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Summary of Session		
Discussed client's probation requirements and treatment goals.		
Contacted Pathway's office at (555)567-5409 and confirmed client's		
place on the waiting list for residential level 1 treatment with James		
Baker. Provided consumer's contact information so treatment		
center can notify if bed is available sooner. Contacted probation		
officer to inform client is in this RS program and inform of waiting		
list at Pathways		
Client Signature <i>John Doe</i>		
Staff/Service Provider Signature <i>Bob Gibson</i>		



ATR III INDIVIDUAL SERVICE NOTE

Client Name <i>(Print)</i> Jackie Brown	Check Type of Service <i>(check one only)</i>	
DMH ID# 1234567	Approved Services	Qualified Services
Date of Service 1-30-2011	<input type="checkbox"/> Care Coordination	<input checked="" type="checkbox"/> Family Engagement
Start Time 11:00 a.m.	<input type="checkbox"/> Re-Entry Coordination	<input type="checkbox"/> Recovery Coaching
End Time 11:45 a.m.	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling
# Units of Service 3	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Summary of Session		
Met with client and her husband Jordan to discuss her plan to see		
their son Joshua who is currently in foster care. Jackie is excited		
because thoughts of seeing Joshua keep her going during hard days.		
She is motivated by the possibility of a permanent reunion. Jordan		
is working to get the house ready for the weekend. Talked about		
potential triggers in the house and her relapse prevention plan that		
we developed together last week. Verified that she had the emergency		
numbers card to take with her.		
Client Signature <i>Jackie Brown</i>		
Staff/Service Provider Signature <i>Stan Musial</i>		



ATR III INDIVIDUAL SERVICE NOTE

Client Name (<i>Print</i>) Jackie Doe		Check Type of Service (<i>check one only</i>)	
DMH ID# 1234567		Approved Services	Qualified Services
Date of Service 1-30-2011		<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Family Engagement
Start Time 11:00 a.m.		<input type="checkbox"/> Re-Entry Coordination	<input checked="" type="checkbox"/> Recovery Coaching
End Time 11:30 a.m.		<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling
# Units of Service 2		<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Summary of Session			
Met with Jackie to identify her recovery goals. She prioritized that she would like to work the 12 step program with her sponsor, find a job that pays at least \$9 per hour and is close to her mom's house. She would also like to reestablish a relationship with her sister. We talked about the first step towards each goal. Next Monday we will work on establishing an email address where Jackie can be reached by both potential employers and her sister.			
Client Signature <i>Jackie Doe</i>			
Staff/Service Provider Signature <i>Barry Sanders</i>			



ATR III INDIVIDUAL SERVICE NOTE

Client Name (<i>Print</i>) Arlo Guthrie		Check Type of Service (<i>check one only</i>)	
DMH ID# 1234567		Approved Services	Qualified Services
Date of Service 1-30-2011		<input type="checkbox"/> Care Coordination <input checked="" type="checkbox"/> Re-Entry Coordination <input type="checkbox"/> Peer Support <input type="checkbox"/> Work Preparation	<input type="checkbox"/> Family Engagement <input type="checkbox"/> Recovery Coaching <input type="checkbox"/> Recovery Counseling <input type="checkbox"/> Spiritual Counseling
Start Time 11:00 a.m.			
End Time 11:30 a.m.			
# Units of Service 2			
Summary of Session			
Met with client and his PO Sandra Johnson to talk about supervision,			
plan our house rules, and expectations and his employment goals.			
We will provide transportation to the treatment center tomorrow for			
John's first appointment with his counselor.			
Client Signature <i>Arlo Guthrie</i>			
Staff/Service Provider Signature <i>John Cash</i>			



ATR III INDIVIDUAL SERVICE NOTE

Client Name (<i>Print</i>) Jackie Doe		Check Type of Service (<i>check one only</i>)	
DMH ID# 1234567		Approved Services	Qualified Services
Date of Service 1-30-2011		<input type="checkbox"/> Care Coordination <input type="checkbox"/> Re-Entry Coordination <input type="checkbox"/> Peer Support <input type="checkbox"/> Work Preparation	<input type="checkbox"/> Family Engagement <input type="checkbox"/> Recovery Coaching <input type="checkbox"/> Recovery Counseling <input checked="" type="checkbox"/> Spiritual Counseling
Start Time 11:00 a.m.			
End Time 12:00 p.m.			
# Units of Service 4			
Summary of Session			
During this session Jackie and I discussed her prior experience			
of “church.” She attended a Baptist church with her grandma when			
she was a child. However, she reported very sporadic attendance			
since about age 13. She believes in God and plans to use her faith to			
help in recovery. Discussed Christianity and her beliefs in general.			
Jackie is going to read a section from the meditations book I loaned			
her each evening and do a short prayer. Will meet again in one week			
for a follow-up session.			
Client Signature <i>Jackie Doe</i>			
Staff/Service Provider Signature <i>Ron Mckernan</i>			



ATR III INDIVIDUAL SERVICE NOTE

Client Name (Print) John Wall	Check Type of Service (check one only)	
DMH ID# 1234567	Approved Services	Qualified Services
Date of Service 1-30-2011	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Family Engagement
Start Time 11:00 a.m.	<input type="checkbox"/> Re-Entry Coordination	<input type="checkbox"/> Recovery Coaching
End Time 11:30 a.m.	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling
# Units of Service 2	<input checked="" type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Summary of Session		
Discussed John's work history and skills. Helped him to start list		
of skills and past employers for visit to the Career Center tomorrow.		
Identified what has helped him be successful in jobs before and what		
kind of jobs would be most satisfying and why.		
Client Signature John Wall		
Staff/Service Provider Signature Pat Jones		



ATR III GROUP LOG

Group Title/Topic Family Dynamics of Alcoholism / Addiction		
Date of Service 1-30-2011	Approved Services	Qualified Services
Start Time 5:00 p.m.	<input type="checkbox"/> Recovery Education	<input checked="" type="checkbox"/> Family Engagement
End Time 6:00 p.m.	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
# Units of Service 4	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Group Leader/Staff Signature <i>Pat Jones</i>		
Group Summary		
Each group member had with them someone from their support system.		
Group discussed healthy communication skills for family members and		
facilitated discussion among group members about family concerns. Jane		
and daughter Sally shared how nice it was to talk without leading to an		
argument.		
DMH ID #	Client Name (<i>Print</i>)	Client Signature
123456	Henry Rollins	<i>Henry Rollins</i>
654321	Jane Smith	<i>Jane Smith</i>
13579	Daisy Mae	<i>Daisy Mae</i>
	Henry Rollins Jr.	<i>Henry Rollins Jr.</i>
	Sally Smith	<i>Sally Smith</i>
	Lilli Mae	<i>Lilli Mae</i>



ATR III GROUP LOG

Group Title/Topic God's Will and Recovery		
Date of Service 1-30-2011	Approved Services	Qualified Services
Start Time 5:00 p.m.	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
End Time 6:00 p.m.	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
# Units of Service 4	<input type="checkbox"/> Work Preparation	<input checked="" type="checkbox"/> Spiritual Counseling
Group Leader/Staff Signature <i>Jack Kerouac</i>		
Group Summary		
Each group member discussed their prior experiences with church.		
Group members were encouraged to share their personal religious beliefs		
and the role that these beliefs will play in their recovery. August stated he		
went to a Baptist church with his family growing up and wants to reconnect		
with his faith and healing for support.		
DMH ID #	Client Name (<i>Print</i>)	Client Signature
123456	Joe B. Hall	<i>Joe B. Hall</i>
654321	Jane Smith	<i>Jane Smith</i>
13579	August West	<i>August West</i>



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ATR III GROUP LOG

Group Title/Topic Application Process		
Date of Service 1-30-2011	Approved Services	Qualified Services
Start Time 5:00 p.m.	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
End Time 6:00 p.m.	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
# Units of Service 4	<input checked="" type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
Group Leader/Staff Signature <i>Dean Moriarty</i>		
Group Summary		
Discussed and practiced how to create a proper resume'. Each		
client practiced filling out applications from local businesses. Group		
also worked on proper interviewing skills. Jane stated she will need		
proper interview clothing and would like to visit a local clothing bank.		
DMH ID #	Client Name (<i>Print</i>)	Client Signature
123456	Josh Hamilton	<i>Josh Hamilton</i>
654321	Jane Smith	<i>Jane Smith</i>
13579	Jerry Garcia	<i>Jerry Garcia</i>



ATR III DROP IN CENTER LOG

Date of Service 1-30-2011			
Drop In Center Open Time 9:00 a.m.		Drop In Center Close Time 5:00 p.m.	
Group Leader/Staff Signature <i>Landon Donavan</i>			
Group Leader/Staff Signature <i>Pat Smith</i>			
Drop In Center Activities Summary			
Billiards, Ping Pong, cards, table games, computer work station, coffee and group socializing			
DMH ID #	Client Name (<i>Print</i>)	Client Signature	Time Present
123456	Ben Hogan	<i>Ben Hogan</i>	10 a.m. – 11 a.m.
654321	August West	<i>August West</i>	10 a.m. – 12 p.m.
13579	Don McLean	<i>Don McLean</i>	2 p.m. – 5 p.m.



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ATR III MILEAGE TRANSPORTATION LOG

Driver Name/Signature: *Andy Warhol*

Date	Client Signature	DMH ID #	Miles	Purpose of Transportation To / From
1/30/2011	<i>August West</i>	123456	20	RS to TX and back - Pathways
2/4/2011	<i>Paul Bunyan</i>	654321	20	RS House 123 Main to Pathways
2/5/2011	<i>David Bowie</i>	13579	35	RS to AA and Back to 123 Main



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ATR III HOUSING LOG

House Address: 2468 Elm St., Jefferson City 65101		
Date of Service: 1-30-2011		
Check Type of Service:		
<input type="checkbox"/> Peer Housing		<input checked="" type="checkbox"/> Supervised Housing
Staff Member Name/Signature		House Supervision Time
Chevy Chase		8:00 a.m. – 4:00 p.m.
Steve Martin		4:00 p.m. – 12:00 a.m.
Martin Short		12:00 a.m. – 8:00 a.m.
DMH ID #	Client Name (print)	Client Signature
123456	Jay Leno	Jay Leno
654321	Dave Letterman	Dave Letterman
13579	Craig Ferguson	Craig Ferguson
2468	Conan O'Brien	Conan O'Brien